



ADDENDUM D

STREET CLOSURE APPLICATION



TOWN OF FLORENCE STREET CLOSURE REQUEST

Name of Requestor: _____ Phone #: _____

Address: _____

Date of Event: _____ Time: _____ to _____

Purpose of Event: _____

A proposed closure of this street is being requested by the resident at the above address, this petition with your signature is proof of your acknowledgment and approval of the closure. NOTE: This closure may alter your travel to and from your home on the scheduled date and times.

PRINTED NAME	SIGNATURE	ADDRESS	DATE

A MAP SHOWING THE CLOSURE SITE IS NEEDED FOR EMERGENCY AND PUBLIC SAFETY ROUTE INFORMATION. PLEASE ATTACH MAP TO BACK OF THIS FORM.

Please fill out top of form, obtain signatures, and return to the Town Clerk's Office, 775 North Main Street, Florence, AZ 85132. If you have any questions please call 520-868-7500.